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STATEMENT OF

FORM 1	ORGANIZ (See instruction			Office use only
NAME OF COMMITTEE (in	(Check if name full) is changed)	Example: If typying, type over the lines	12FE4M5	
ARCHER DAN	IELS MIDLAND COMPANY-ADM	PAC		
ADDRESS (number and	P.O. Box 1470			
(Check if address is changed)				
	Decatur			62525 1470
		CITY	STATE▲	ZIP CODE 🛦
COMMITTEE'S E-MA	IL ADDRESS (Please provide only one e	-mail address)		
(Check if address is changed)	chris.riley@adm.co	m 		
COMMITTEE'S WEB (Check if address is changed)	PAGE ADDRESS (URL) S LIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII			
 DATE 0.2 FEC IDENTIFICA IS THIS STATEM 	25 2010	C C00093963 X AMENDED (A	A)	
I certify that I have exam Type or Print Name of	ined this Statement and to the best of my kn Treasurer Mr. Christopher	-	rect and complete	
Signature of Treasurer	Electronically Filed by Mr. Chris	topher T Riley	Date 02	25 / 2010
NOTE: Submission of fa	lse, erroneous, or incomplete information management of the ANY CHANGE IN INFORMA	ay subject the person signing thi ATION SHOULD BE REPOR	·	
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